

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2624 Airpark Drive Santa Maria CA 93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CONTROLLED COMMITTEE?

YES NO

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION
<input type="checkbox"/>	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
<input type="checkbox"/>	<input type="checkbox"/>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
<input type="checkbox"/>	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
<input type="checkbox"/>	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
<input type="checkbox"/>	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
<input type="checkbox"/>	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

CITY STATE ZIP CODE AREA CODE/PHONE

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460	
Statement covers period	
from	01/01/2022
through	06/30/2022
Page 3 of 4	
NAME OF FILER	I.D. NUMBER
Patino for Mayor 2024	1342332

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2024

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ 0.00	\$ 0.00	0.00
2. Loans Received	<i>Schedule B, Line 3</i>	\$ 0.00	\$ 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ 0.00	\$ 0.00	0.00
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ 0.00	\$ 0.00	0.00

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ 434.10	\$ 434.10	434.10
7. Loans Made	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 434.10	\$ 434.10	434.10
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ 0.00	\$ 0.00	0.00
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00	0.00
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 434.10	\$ 434.10	434.10

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 15,768.74		
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ 0.00		
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 0.00		
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 434.10		
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 15,334.64		

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEEES RECEIVED

Schedule B, Part 2

\$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

See instructions on reverse

\$ 0.00

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above

\$ 0.00

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
JAME OF FILER**

Parting for Mayor 3024

CODES: If one of the following codes occur

- MP campaign paraphernalia/misc.
- NS campaign consultants
- CB contribution (explain nonmonetary)*
- CIV civic donations
- FIL candidate filing/ballot fees
- ND fundraising events
- ND independent expenditure supporting/opposing other candidates
- LG legal defense
- JT campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 434.10
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
TOTAL	\$ 434.10

Note: Total amounts made this period / Add lines 1, 2, and 3. Enter here and on the Summary Page Column A line 6.)